

OSCAR REPORT 3
HISTORY FACILITY PROFILE

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FRIENDSHIP VILLA CARE CENTER
3094 SOUTH STATE STREET
SALT LAKE CITY UT 84115
STATE'S REGION CODE: 001

PROVIDER #: 46A066
PHONE NUMBER: (801) 487-7837
PARTICIPATION DATE: 02/01/1992 CERTIFIED: 37

FACILITY BEDS
TOTAL: 37
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/16/2005

TOTAL: 34
MEDICARE: 0
MEDICAID: 30
OTHER: 4

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 37

18 18/19 19 ICF/MR
-- -- 37

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT
05/2002		06/2003		01/2004		02/16/2005		

PROGRAM REQUIREMENTS

X	J								REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT
X	B			X	B				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	D				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	E	X	E				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	B								REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
		X	D						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0311-RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN ADLS
				X	D				REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E								REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
X	E	X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	K								REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	K								REQ F0429-PHARMACIST REPORTS IRREGULARITIES
X	D			X	E				REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
				X	E				REQ F0444-WASH HANDS WHEN INDICATED
				X	D				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
X	K								REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 2000 EXIS2000 EXIS

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
05/2002	06/2003	01/2004	03/07/2005	

X			X P	04/18/2005
			X C	04/18/2005
X			X P	04/18/2005
	X	X	X F	
X		X		
X				
X	X	X	X F	

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0029-HAZARDOUS AREAS - SEPARATION
K0038-EXIT ACCESS
K0046-EMERGENCY LIGHTING
K0056-AUTOMATIC SPRINKLER SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0076-MEDICAL GAS SYSTEM
K0104-PENETRATIONS OF SMOKE BARRIERS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	0	8	3	9
HEALTH TOTAL	0	8	3	9
LIFE SAFETY CODE	5	3	2	5
LIFE SAFETY CODE + HEALTH	5	11	5	14

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
05/10/2002	SUBSTANTIATED
07/17/2003	UNSUBSTANTIATED
06/23/2004	UNSUBSTANTIATED
07/22/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
05/09/2002	OBSERVATIONAL
01/15/2004	OBSERVATIONAL
03/17/2005	COMPARATIVE